



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No.	10/723,525
Filing Date	November 25, 2003
First Named Inventor	Joanne H. Nor
Art Unit	3643
Examiner Name	Nguyen, Son T.
Attorney Docket Number	61141P005
Total Number of Pages in This Submission	15

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div>Return receipt postcard</div>
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Angelo J. Gaz, Reg. No. 45,907 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	January 13, 2005

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Nedy Calderon		
Signature		Date	1/13/05



# FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

## Complete if Known

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First Named Inventor	Joanne H. Nor
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Art Unit	3643
Attorney Docket No.	61141P005

☒ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

## FEE CALCULATION

### 1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
21	21	0	\$0.00
3	3	0	\$0.00

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1202	2202	50	25	Claims in excess of 20
1201	2201	200	100	Independent claims in excess of 3
1203	2203	360	180	Multiple Dependent claim, if not paid
1204	2204	300	150	**Reissue independent claims over original patent
1205	2205	300	150	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$) 0.00

\*\*or number previously paid, if greater, For Reissues, see below

### 2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1051	2051	130	65	Surcharge - late filing fee or oath
1052	2052	50	25	Surcharge - late provisional filing fee or cover sheet.
2053	2053	130	130	Non-English specification
1251	2251	120	60	Extension for reply within first month
1252	2252	450	225	Extension for reply within second month
1253	2253	1,020	510	Extension for reply within third month
1254	2254	1,590	795	Extension for reply within fourth month
1255	2255	2,160	1,080	Extension for reply within fifth month
1401	2401	500	250	Notice of Appeal
1402	2402	500	250	Filing a brief in support of an appeal
1403	2403	1,000	500	Request for oral hearing
1451	2451	1,510	1,510	Petition to institute a public use proceeding
1460	2460	130	130	Petitions to the Commissioner
1807	1807	50	50	Processing fee under 37 CFR 1.17(q)
1806	1806	180	180	Submission of Information Disclosure Stmt
1809	1809	790	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	2810	790	395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify) \_\_\_\_\_

SUBTOTAL (2)

(\$)

Fee Paid

## SUBMITTED BY

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Signature

Date

1/13/2005



Corres. and Mail  
**BOX AF**

AF *ILW*  
**REPLY UNDER 37 CFR 1.116  
EXPEDITED PROCEDURE  
TECHNOLOGY CENTER 3600**

Attorney's Docket No.: 061141.P005

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application for:

**Joanne H. Nor**

Application No.: 10/723,525

Filed: November 25, 2003

For: **MAGNETIC EQUINE HOOD**

Examiner: Nguyen, Son T.

Art Group: 3643

Confirmation No.: 8654

**AMENDMENT AND RESPONSE TO OFFICE ACTION**

Mail Stop AF  
Commissioner for Patents  
Post Office Box 1450  
Alexandria, Virginia 22313-1450

Sir:

In response to the Final Office Action mailed November 18, 2004, regarding the above-referenced application, Applicant respectfully requests consideration of the amendments and remarks that follow.